Name in Full

Certificate of Death

Charles Bennett

Died at Valley Lee, (Town) St. Mary's (County) MARYLAND

Date 1904 — Month April Day 27th, | Age Y. 29 M. — D. — | Native of St. Mary's | ~~Occupation~~

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of Wife Edith Bennett

Father's Name David Bennett | Mother's Maiden Name

Cause of Death — Primary: Tuberculosis — Immediate:

How long sick About 2 Mos.

~~Accident, Suicide, Homicide~~

Reported by T. Horton Lynch M.D.

Address Valley Lee, St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70838

Name
Full: John Wesley Brillhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lewaldton | County: Lancaster | VIRGINIA ~~MARYLAND~~

Date of death: Month: April | Day: 2 | Age: Years: 62 | Months: 2 | Days: 22

Sex: Male | Color or Race: White | Birthplace: Pennsylvania

Occupation: Farmer | Where residing if not at place of death: Litiz, Pa.

Married, Single or Widowed: Married | Name of Wife or Husband: Mary Ann Gemmill.

Father's Name: Unknown | Father's Birthplace: Germany

Mother's Maiden Name: Mary Brillhart | Mother's Birthplace: Unknown

Name of person giving information: Harry G. Brillhart | How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption | How long: 4 months

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chit Pierce, M.D.

Address: Lewaldton, Va, Rur Rfd. Fulton.

Accident or Suicide?

LIBRARY BUREAU AB5315

Name in Full

Certificate of Death

Mary Sophia Broome

Died at Town Clements County St. Mary's MARYLAND

Date 19 04 Month 4 Day 2 | Age Y. 23 M. - D. - | Native of Md. | Occupation Housegirl

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced ~~Number of children living~~ | 1

Husband of
Wife

Father's Name Nelson Broome. Mother's Maiden Name Mary Herbert

Cause of Death: Primary Tuberculosis of the Lungs | How long sick 27 & mos.

Immediate | Accident, Suicide, Homicide

Reported by R. V. Parran

Address Clements St. Mary's Co Md

Must be signed by physician, If any in attendance, otherwise by Coroner, undertaker or minister.

LIBRARY BUREAU, 70026

Name in Full

J. Hamilton Grace

Certificate of Death

Died at St Inigoes Town County St Marys MARYLAND

Date 1904 Month 4 Day 20 | Age Y. 97 M. D. | Native of U. S. | Occupation Carpenter

Male ~~Female~~ | ~~White~~ Colored | ~~Single~~ Married ~~Widower~~ ~~Widow~~ ~~Divorced~~ | Number of children living 7

Husband ~~Wife~~ of Annie Grace

Father's Name —

Mother's Name —

Cause of Death: Primary Nephritis, How long sick 1 39 Years

Immediate Heart Failure ~~Accident Suicide Homicide~~

Reported by L. M. Tippett

Address St Inigoes Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Edward Taylor

Died at Town: Ridge Springs County: St. Mary's MARYLAND

Date 19 14 Month: 4 Day: 20 | Age: Y. 60. M. 0. D. 0 | Native of: Md | Occupation: Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband / ~~Wife~~ of Rebecca Taylor

Father's Name ——— Mother's Maiden Name ———

Cause of Death: Primary — Cerebral apoplexy. How long sick 2 wks.

Immediate — 64 J.

Accident, Suicide, Homicide

Reported by Rob't. V. Patterson

Address Patuxent

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Mary F. Latham

Died at Town: Morganza County: St. Mary's MARYLAND

Date 19~~~~ Month: Apr. Day: 20 | Age Y. 57 M. D. | Native of Md | Occupation

~~Male~~ Female | Whites ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary — Endocarditis — How long sick 12 Months

Immediate — Accident, Suicide, Homicide

Reported by E. B. Johnson

Address Morganza

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898

Name in Full: Jennie Lorany

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: California — County: St Mary's

Date of death: Month: 4 — Day: 14 — 1904

Age: Years: 28 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: St Mary's Co.

Occupation: Nonunion — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Jno Lorany

Father's Name: — — — — Father's Birthplace: St Mary's Co

Mother's Maiden Name: — — — Mother's Birthplace: St Mary's Co

Name of person giving information: — How related to deceased: —

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 6 Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos Lynch

Address: Leonardtown Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88316

Name in Full

Geo L Roland

Certificate of Death

Died at Town Leonardtown County St Mary's MARYLAND

Date 1904	Month 4	Day 13	Age Y. 20	M.	D. 17	Native of Md	Occupation Laborer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ Number of children living —

Husband of — — —

Wife

Father's Name Geo Roland

Mother's Maiden Name — —

Cause of Death: Primary Tuberculosis 27 — How long sick 11 months

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Thos Lyon

Address Leonardtown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Miss Marie Price

Certificate of Death

Died at Town: Great Mills County: St. Mary's MARYLAND

Date 1904 Month: April. Day: 13. Age Y. 18 M. - D. -

Native of: Md. Occupation:

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ Single ✓ — ~~Widow~~ ~~Widower~~ — Divorced — ~~Number of children living~~

Husband of

Wife

Father's Name: Jas. Price

Mother's Maiden Name: Alice Price

Cause of Death — Primary: Tuberculosis

How long sick: Two months

Immediate: Hemorage

Accident, Suicide, Homicide

Reported by: Lewis T Clarke Undertaker

Address: Great Mills St. Mary's Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79904

Name in Full — Certificate of Death

James Summerville

Died at Town: Patuxent County: St. Mary's MARYLAND

Date 19 04 — Month 4 Day 2 — Age Y. 54 M. — D. — Native of md — Occupation ———

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — Widow ~~Widower~~ — ~~Divorced~~ — Number of children living 2

~~Husband~~ Wife of Sarah Summerville

Father's Name Shadrick Jones — Mother's Maiden Name Eliza Jones

Cause of Death — Primary Gastritis — How long sick 8

Immediate Catarrh Pneumonia — Accident, Suicide, Homicide

Reported by Ralph V. Fuller

Address Patuxent Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70052

Name in Full Susan Thomas — Certificate of Death

Died at Town: Leonardtown — County: St Marys — MARYLAND

Date 19 4 — Month: April — Day: 22 — Age: Y. 57 M. - D. - — Native of: St Marys Co — Occupation: Housewife

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ ~~Married~~ ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living 12

Husband / Wife of Henry T. Thomas

Father's Name

Mother's Maiden Name

V 179

Cause of Death — Primary: Hepatic Fever — How long sick: 8 weeks

Immediate: Coma — ~~Accident, Suicide, Homicide~~

Reported by Dr. T. Brunwell

Address Leonardtown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70809

Name in Full

Certificate of Death

John alexander young

Died at Town Chaires County St. Mary's MARYLAND

Date 1904 Month 4 Day 4 | Age Y. 58 M. — D. — | Native of Md | Occupation ———

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 5

Husband of ~~Wife~~ Alice Bush

Father's Name

Mother's Maiden Name

Cause of Death { Primary Tuberculosis of the Lungs | How long sick 6 ½ mos

Immediate Chronic Interstitial Nephritis 5 d

Accident, Suicide, Homicide

Reported by Robt. V. Palmer

Address Palmers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

M. D.

LIBRARY BUREAU, 79999